## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS	
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Operator

## OIL CONSERVATION DIVISION

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501



Form C-104

REQUEST FOR ALLOWABLE MA

MAR 0 71986

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.

DIST. 3

Tenneco OII Company	E & P WKMD						
Address				<u> </u>			
P. O. Box 3249, Eng.	lewood, CO	80155					
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well Chang	e in Transporter of:						
¬ ' ¬ '		□ p	C				
<b>V</b>	Oil		Gas	Well N	amo.		i
Change in Ownership	Casinghead Gas	L& Con	densate	MEIT IA			
f change of ownership give name and address of previous owner	El Paso Na	tural Ga	s, P.O.	Box 4990, Farm	ington, NM 87	499	
I. DESCRIPTION OF WELL AN	ID LEASE						
Lease Name	Well No.	Pool Name, Ir	ncluding Forma	ition	Kind of Lease	USA	Lease No.
Atlantic Com LS	3	Blance	VMc		State, Federal or Fee	NM	013688
Location					<u> </u>		1
Unit Letter:	1650	Feet From Tr	neS	Line and	1650 Fee	t From TheW	
24		31N		10.1	c		
Line of Section 24	Township	2 1 14		Range 10W	, NMPM, S	an Juan	County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate X  Conoco Inc. Surface Transportation  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas			Address (Give address to which approved copy of this form is to be sent)  P. O. Box 460, Hobbs, NM 88240  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 4990, Farmington, NM 87499  Is gas actually connected?  When				
If well produces oil or liquids, give location of tanks.	K 2	4 31N	10W	Yes			
f this production is commingled with that fro NOTE: Complete Parts IV and							
VI. CERTIFICATE OF COMPLI	ANCE			(	DIL CONSERVATION	N DIVISION	4 <b>0</b> 00
hereby certify that the rules and regulatio	ns of the Oil Conservation	on Division have b	een complied	APPROVED		-WAK ()	4-114RP-
with and that the information given is true	and complete to the be	st of my knowled	ge and belief.		•	$\leq 1.11$	
				BY		) rank !	- Ave
South Mikemun			TITLE SUPERVISOR DISTRICT % 3  This form is to be filed in compliance with RULE 1104.				
20 - 1.77	(Signature)			11	•		orm must be accom-
Br. Regulatory Analyst			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
MAR 1 1986			All sections of this form must be filled out completely for allowable on new and recompleted walls.				
			Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.				
	(Date)			Separate Forms C-104 mi	ust be filed for each pool in	multiply completed we	lls.
				••			